03-10-08 PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885



NSTRUCTIONS: This appropriate. All further ndicated unless correct maintenance fee notifica	correspondence including below or directed of	ng the Pa	atent, advance of	ders and notification	n of n	naintenance fees v	vill be m	nailed	to the current	correspo	ndence a	address as
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use B	lock 1 for an	y change of address)	4	Fee(e: A certificate of (s) Transmittal. Thi ers. Each additiona e its own certificate	is certific	cate ca	innot be used f is an assignme	or any ot	her acco	mpanying
HARNESS, DI P.O. BOX 828	ICKEY & PIERC HILLS, MI 48303		MAR O7	IMB S	tran:	reby certify that thes Postal Service weeksed to the smitted to the USP	is Fee(s) vith suffi TO (571	Transicient p	illing or Trans smittal is being postage for firs address 2885, on the d	deposite	ed with the lail in an or being lated belo	he United envelope facsimile w.
	- W. T.	Stephen J. Foss					(Depositor's name)					
			CASE HAVE			again	2	AC.	2006			(Signature)
14 123					Ex	press Mail	#EM]	L849	87022US	(3/7/	[,] 08)	(Date)
APPLICATION NO.	FILING DATE	FILING DATE			NTOR	ATTORNEY DO			OCKET NO.	NO. CONFIRMATION NO.		
10/680,902 10/08/2003				John M. Cuckle	r	5490-000350				6373		
TÎTLE OF INVENTION		03/11/2038 NGERREN2 0000398				7 10595932						
				<u> </u>		01 FC: 02 FC:	1501 1504		·		18.69 0 3.69 0	
APPLN. TYPE	SMALL ENTITY	ISSU	JE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S) DU		AL FEE(S) DUE	. DATE DUE		
nonprovisional	NO		\$1440	\$300		\$0		-	\$1740	• .	03/10/20	008
EXAMINER			RT UNIT	CLASS-SUBCLAS	s					•		
SWIGER III, JAMES L 3733				606-079000								
. Change of corresponde FR 1.363).	ence address or indication	n of "Fee	Address" (37	2. For printing on	the p	atent front page, lis	st					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Harness, Dicke						ckey	<u>&</u>	
"Fee Address" indication (or "Fee Address" Indication form Pro/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						C.,		
ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE	PRINTED ON T	HE PATENT (print	or typ	pe)					-	
PLEASE NOTE: Unl	ess an assignee is ident h in 37 CFR 3.11. Com	ified belo pletion of	ow, no assignee this form is NO	data will appear on τ Γa substitute for filin	the pa	atent. If an assignassignment.	ee is ide	ntified	l below, the de	ocument	has beer	i filed for
FILEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has a set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)												
Biomet Man	ufacturing Co	rp.		Warsaw,	IN							
lease check the appropri	iate assignee category or	categorie	es (will not be pr	inted on the patent):		Individual . Co	rporatio	n or ot	her private gro	oup entity	□ G ₀	vernment
a. The following fee(s)	are submitted:		41	. Payment of Fee(s):								
Issue Fee				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.								
Publication Fee (No small entity discount permitted) Advance Order - # of Copies				Payment by credit card. Form PTO-2038 is attached.								
Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _08-0750 (enclose an extra copy of this form).											
· ·	tus (from status indicate			_				_				
	s SMALL ENTITY state			b. Applicant is no								
OTE: The Issue Fee and iterest as shown by the r	d Publication Fee (if requeends of the United Sta	uired) wi ites Paten	ll not be accepted t and Trademark	I from anyone other t Office.	han th	he applicant; a regi	stered at	torncy	or agent; or th	e assigne	e or othe	r party in
Authorized Signature	Store	سر	For			Date3	/7/ø8	3.				-
Typed or printed name	Stephen J.	Foss				Registration N	lo3	31,2	51			_
his collection of information in application. Confident	ation is required by 37 Ciality is governed by 35	FR 1.311 U.S.C. 1	The information 22 and 37 CFR	n is required to obtain 1.14. This collection	n or r	etain a benefit by the imated to take 12 r	he public ninutes t	which o com	h is to file (and plete, includin	by the U	ISPTO to	process)

Submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.